

Topic 3: *Sensory Changes and Communication with Older Adults*

Competencies

1. Identify the fundamental elements of good communication with older adults.
2. Identify the sensory losses in older adults that create barriers to good communication. List some techniques to break these physical barriers.
3. Identify the cognitive barriers to good communication in older adults. List some techniques to break these barriers.
4. Identify the psychological and social barriers to good communication with older adults. List some techniques to break these barriers.
5. Identify how to use language translators effectively in the nursing practice setting.



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- 1. Identify the fundamental elements of good communication with an older adult.**
 - A. Two-way sensory activity
 1. Communication must be a two-way activity with *expressive* and *receptive* components.
 2. All the senses—hearing, vision, speech, touch, and taste—plus movement are important components of this two-way activity.
 - B. Shared reality and expectations is the concept that shows that we and an older adult agree on time and space and on subject matter (Common Ground). This seems elementary but it is not a given with older adults, particularly if they are cognitively impaired. Use the visual trick on p. 3-11.
 1. We do not always see the same things at the same time and seeing another point of view is not easy to do.
 - C. High comfort level refers to the trust, good faith, and respect we have for and in each other. These are very important if we are to communicate well and understand each other.
 1. Discuss some subjects that make younger and older people uncomfortable, such as sexuality, advanced directives, death and dying, depression, memory loss.



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2. Discuss why we don't always have trust, good faith, and respect for each other across age cohorts (include cross-cultural influences and power differences).
3. Discuss the importance of touch to one's quality of life. It usually provides comfort, warmth, renewed vitality, a sense of security, and assurance that we are not alone. Discuss feelings about touching an older person: the comfort level of health care professional and patient, cultural and psychological barriers.

D. Active listening

1. Discuss the importance of being an active listener as well as a talker.
2. Discuss ways we can show we are listening.

2. Identify the sensory losses in older adults that create barriers to good communication. List some techniques to break these barriers.

A. All sensory losses impact the fundamental two-way communication ability

1. Sensory loss reduces an older person's ability and desire to communicate.
2. Sensory loss leads to isolation and withdrawal.
3. Sensory loss leads to frustration and aggression.



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B. Hearing loss

1. The vast majority of older adults (65+) have some hearing loss (presbycusis).
2. The main causes are:
 - a. Nerve deterioration.
 - b. Disease.
 - c. Environmental situations.
 - d. Medications.
 - e. Cerumen impaction.
3. Hearing loss, primarily high-tone loss, decreases speech discrimination and causes difficulty discriminating phonetically similar words and makes telephone use difficult.
4. Discuss the use of hearing aids and their improved utility with new computer-chip technology. Medicare does not cover hearing aids.
5. Discuss issues of isolation and frustration that come from this sensory loss.
6. Try some situations where the students have limited hearing. The League for the Hard of Hearing has an “Unfair Hearing Test” that illustrates the frustra-



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tions effectively. (See the Resources listed at the end of this chapter.)

7. Barrier breakers related to hearing loss are listed in the Instruments and Scales section of this chapter.

C. Vision loss

1. Most older adults (65+) have some vision loss (presbyopia).
2. The main causes are:
 - a. Decreased pupil size and accommodation alter visual accuracy.
 - b. Macular degeneration impedes central vision.
 - c. Glaucoma impedes peripheral vision.
 - d. Cataracts cloud vision.
3. Eye contact is important for good communication in some cultures. Discuss and illustrate.
4. Discuss some issues of isolation and frustration that come from this sensory loss.
5. Barrier breakers related to helping people with vision loss are listed in the Instruments and Scales section of this chapter.
6. Try creating some situations in which students' vision is limited (i.e., use of greased eyeglasses).



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D. Speech loss

1. The main causes are:
 - a. Strokes.
 - b. Dental difficulties: lack of teeth, or ill-fitting dentures.
2. Discuss issues of isolation and frustration that come from loss of or limited speech.
3. Barrier breakers to help people with speech difficulties are listed in the Instruments and Scales section of this chapter.

E. Touch/tactile loss

1. In the later stages of life, individuals are often deprived of tender and nurturing physical contact that enhances communication.
2. Factors in touch/tactile loss:
 - a. Fear.
 - b. Discomfort.
 - c. Stereotypes.
 - d. Sense of one's own vulnerability.
 - e. Isolation.



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3. The effects of touch on older persons are:
 - a. An experience of being nurtured and cared for.
 - b. Increased motivation to receive and give attention to themselves and others.
 - c. Energy and emotional release.
 - d. Decreased feelings of abandonment and deprivation.
 - e. Calming reassurance and supportive interaction.

F. Movement Loss

1. The effect of movement loss on communication should not be underestimated.
2. The main causes are:
 - a. Osteoporosis.
 - b. Arthritis.
 - c. Lack of exercise.
 - d. Stroke.
 - e. Weight gain.
3. Body language is an integral part of communication. Discuss and illustrate.
4. Barrier breakers for movement loss are listed in the Instruments and Scales section of this chapter.



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G. Taste and smell losses

1. Most older adults lose taste, especially for sweets, and a sense of smell.
2. Affects willingness to talk about food.
3. Reduces socialization of eating.
4. Encourage yearly dental visits and use of dentures (not covered by Medicare).

3. Identify the cognitive barriers to good communication in older adults. List some techniques to break these barriers.

A. All cognitive losses impact the fundamental components of shared reality.

B. Causes:

1. Multidrug interactions and side effects of medications can cause communication difficulties.
2. Some forms of dementia, particularly Alzheimer's disease, are a major cause of communication difficulties. (See Topic 6 on Depression, Delirium, and Dementia in Older Adults.)
3. Alcoholism is an increasing cause of cognitive problems that impede communication of older adults.
4. Inadequate unbroken sleep.



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- C. Discuss the difficulty of achieving a “shared reality” with cognitively impaired older adults.
 - 1. Identify some situations in which a person with Alzheimer’s disease does not “share” the same reality with caregivers.
- D. Discuss the concept that “acting out” or unusual behaviors are ways in which cognitively impaired older people communicate.
- E. Elicit students’ experiences and frustrations when communicating with cognitively impaired older people.
- F. Barrier breakers for communicating with cognitively impaired older people are listed in the Instruments and Scales section of this chapter.
- 4. Identify the psychological and social barriers to good communication with older adults. List some techniques to break these barriers.**
 - A. All psychological problems impact the fundamental components of comfort and trust.
 - B. Causes:
 - 1. Depression.
 - 2. Anger.
 - 3. Personal “baggage” from life experiences.
 - 4. Personality types: Seeking power or approval.



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C. Losses: Discuss how real losses of spouse, home, and work roles influence the psychological perspective of the elderly and cloud their ability to communicate.

D. Barrier breakers are listed in the Instruments and Scales section of the chapter.

5. Identify how to use language translators effectively in the nursing practice setting.

A. Language is an obvious and important barrier to good communication. (Refer to Topic 2, Cross-Cultural Influences on Older Adults.)

B. Distinguish between translation and interpretation.

C. Differing agendas: Discuss the conflicting patient, nurse, and translator agendas particularly when caregivers are involved as translators.

D. Barrier breakers for working with interpreters are listed in the Instruments and Scales section of this chapter.



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Instruments/Scales

AN OLD WOMAN?



A YOUNG WOMAN?



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Instruments/Scales

BARRIER BREAKERS TO COMMUNICATE EFFECTIVELY WITH OLDER ADULTS

Fundamentals for Effective Communication: Requirements for Reaching Understanding

1. Two-way activity (expressive and receptive).
2. Shared reality and expectations.
3. High comfort.
4. Active listening.

Techniques for Communicating with Hearing-Impaired Older Adults

1. Stand or sit in front of the older adult.
2. Get the older adult's attention.
3. Be sure a source of light is revealing your face; do not become backlit.
4. Ask whether the elder person is hard of hearing. If yes,
 - a. Ask whether he or she is wearing a hearing aid. If yes, ask whether it is functioning properly. If it is not functioning properly, offer to help by testing the battery or looking at the volume setting.
 - b. If the older person is not wearing a hearing aid but is having difficulty hearing, ask whether he or she hears better in a particular ear. If so, focus to that side when you speak.
 - c. Ask whether the older adult reads lips or can communicate in sign language.

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Gould, E. S. (1997). The John A. Hartford Foundation Institute for Geriatric Nursing, New York University, Division of Nursing.



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Instruments/Scales

BARRIER BREAKERS (Continued)

5. Speak up but do not shout.
6. Use lower-pitched tones. They are heard more easily than higher ones.
7. Speak slowly and clearly, and emphasize only key words.
8. Cut out as much background noise as possible.
9. Keep your mouth in clear view, and maintain eye contact if possible.
10. Rephrase rather than repeat a misunderstood sentence. Allow a few seconds pause after every few sentences to allow for processing and to allow the listener to formulate questions.
11. Use other channels of communication, such as gestures, diagrams, and printed materials and writing implements such as chalkboards and paper and pencil.
12. If you are communicating vital facts or instructions, have the older adult repeat them to ensure comprehension.
13. Alert the older adult when you are changing the subject.
14. If an older adult has a hearing deficit but does not want to admit it, try to encourage a hearing assessment so that simple situations such as the accumulation of excess ear wax can be uncovered, and assistance can be provided for more complex situations.
15. For profoundly deaf persons, the Americans with Disabilities Act of 1990 requires that a sign-language interpreter be provided within 10 minutes in an acute care setting and within 20 minutes in an outpatient setting.
16. Remember to utilize services in your community for assistance.

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Instruments/Scales

BARRIER BREAKERS (Continued)

Techniques for Communicating with Visually Impaired Older Adult

1. Always identify yourself clearly.
2. Narrate your activities; inform the older adult when you are entering or leaving the room.
3. Use clear language when you give directions (e.g., use “right” and “left” rather than general terms like “over there”; use “yes” or “correct” rather than “right”).
4. Obtain and encourage the use of low-vision aids (magnifying glasses).
5. Make sure that the setting is well lit.
6. If an older adult is not wearing glasses, ask whether glasses are usually worn and for what purposes. If glasses are needed for the intended situation, be sure that the older adult is wearing them.
7. Be aware that if an older adult is pulling away from you or is turning his or her head to one side and seems to be looking away, it may only be to adjust the visual distance and angle, and improve his or her ability to see you.
8. When using printed material, make sure that it is a size the elderly person can read (at least 14-point type). (This text is 14 point.) Black on yellow paper provides good contrast.
9. Remember to research and use resources within your community that may offer assistance.

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Instruments/Scales

BARRIER BREAKERS (Continued)

Techniques for Communicating with the Speech-Impaired Older Adult

1. Avoid immediate embarrassment and frustration; try to find out, before interacting with an older adult, whether he or she has a speech problem.
2. Show older adults immediately that you do not expect them to speak well, but encourage them to do the best they can.
3. Provide alternate forms of communication, such as writing materials, picture, and alphabet boards the older adult can point to.
4. Encourage the older adult to use gestures and body language to augment communication.

Techniques for Communicating with the Movement- and Tactile-Impaired Older Adults

1. Be aware of movement limitations in older adults.
2. Be aware of pain and its impact on the older adult's range of movement.
3. Gestures are effective communication tools, particularly with the hard of hearing.
4. Touch is very reassuring and should be used if acceptable to patient and caregiver.

Techniques for Communicating with the Cognitively Impaired Older Adult

1. Keep your expectations realistic.
2. Keep interaction simple, and go slow. Use one-step commands.

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Instruments/Scales

BARRIER BREAKERS (Continued)

3. Validate behavior. Try to avoid challenging actions.
4. Reassure and reward.
5. Discover meaning behind behavior.
6. Use closed, not open-ended, questions. (Ask questions that can be answered with a yes or no.)
7. Use simple sentences.
8. Don't ask questions that rely on good memory.
9. Don't argue.

Techniques for Circumventing Psychological Barriers

1. Be aware of personality types.
2. Become an active listener.
3. Leave personal baggage at home, and try to see what elderly persons are bringing with them.
4. Empathize but do not legitimize the fatigue and apathy of depression.

Techniques for Communicating with the Socioculturally Diverse Older Adult

1. Learn key words in the language of the older adult in your care.
2. Distinguish between translation and interpretation.
3. Ask family interpreters to "translate" rather than "interpret."
4. Learn the beliefs and values regarding respect, nutrition, pain, and death of the elders in your care.
5. Learn key ethnic customs and rituals of the elders in your care.
6. Suspend your stereotypes and prejudice.
7. Use community resources to help in the learning process.

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Instruments/Scales

BARRIER BREAKERS (Continued)

Techniques for Finding Common Ground and Shared Reality

1. Be sensitive to elders' self-perception.
2. Look through the patient's prism, not just through your professional lens.
3. Suspend stereotypes. Seeing people as individuals suspends expectations and allows for greater respect and sharing.
4. Develop empathy—the ability to see things from the other person's perspective. This is particularly necessary for understanding the physical deficits that impede communication.
5. Develop flexibility. This is particularly important in relation to personal expectations. If these are not rigid, we leave ourselves open to finding common ground.
6. Be warm and sociable. An open, friendly, respectful manner goes a long way in fostering high levels of comfort.
7. Learn about the language and customs of older adults. The more we know about each other, the better our chance of finding common ground.
8. Dress in a socially and culturally respectful way.

Additional Useful Techniques When Communicating with the Older Adults

1. Think about how you are presenting yourself. Are you harried, angry, or tense? Be calm, gentle, and matter-of-fact.
2. Be at eye level when communicating; it creates a balance of power.

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Instruments/Scales

BARRIER BREAKERS (Continued)

3. Break concepts down into parts. Allow TIME for each part to be considered or accomplished in order.
4. Don't talk about people when they are present but can no longer communicate well.
5. Spend extra TIME to allow elders to communicate their needs.
6. Help elders to stay focused and on track.
7. Have elders write down questions in advance of their healthcare visit.



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Experiential Activities/ Clinical Experiences

EXPERIENTIAL ACTIVITIES

Activities that make students aware of barriers and help them acquire communication skills are most helpful. Some examples of activities follow.

- 1. Sensory deprivation exercise.** Wear sunglasses greased with petroleum jelly, put cotton in your ears, wear rubber gloves, and bind your elbow or knee. Then do a task like buttoning a shirt and following verbal directions, so that you can understand the frustration of sensory losses. Spend a day in a wheelchair. (Contact the Lighthouse or the League for the Hard of Hearing resources in this chapter.)
- 2. Create role-play situations.** Where certain barriers are evident, practice essential skills. Have classmates critique the scenario. If possible, video the role-play to allow self-evaluation.
- 3. Interview.** Interview older adult patients and report on the barriers they saw and the skills they used.
- 4. Interview.** Interview a nurse regarding her or his frustrations and successes in communicating with older adults.
- 5. Touch.** Give elderly patients a head, shoulder, or foot massage. Discuss the experience.



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Experiential Activities/ Clinical Experiences

- 6. Critique.** Assign a sensory loss to students and have them assess a health-care environment from that perspective.
- 7. Critique.** Evaluate and report on a clinical environment's policies regarding sensitivity to the communication needs of older adults. For example, does the hospital post a sign on a chart (with the patient's permission) that the patient is hard of hearing?
- 8. Assess documentation** in the charts for sensory losses and evaluate policies for alerting staff to communication problems (i.e., signs over bed, in charts).

CLINICAL STRATEGIES

Many of the activities suggested above can be carried out in the clinical setting.



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Evaluation Strategies

Test Questions: List communication issues and barrier breakers.

Written Reports: Compared to test questions, written reports based on some of the activities suggested would ensure greater awareness and competence in communication skills with older adults.

Verbal Activities: Situation tests where students need to use learned communication skills.



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Resources

- American Psychiatric Nurses Association. (1999). *Choice and Challenge: Caring for Aggressive Older Adults across Levels of Care* [Video and printed material]. (202) 367-1133.
- Beers, M., and Berkow, R. (2000). *The Merck Manual of Geriatrics* (3rd ed.). Whitehouse Station, NJ: Merck and Co.
- Clark, P. G. (1995). Quality of Life, Values, and Teamwork in Geriatric Care: Do We Communicate What We Mean? *Gerontologist*, 35(3), 402-411.
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- Goodman, C. (1989). *Reaching Out to a Multi-Cultural Community: Challenges for Adult Day Care Centers*. Long Beach: California State University.
- Lubinski, R., and Higginbotham, D. (1997). *Communication Technologies for the Elderly: Vision, Hearing, and Speech*. Stanford, CT: Singular Publishing Group.
- Mace, N., and Rabins, P. (1999). *The 36-Hour Day*. Baltimore: The Johns Hopkins University Press.
- Maddox, G. et al. (Eds.). (2001). *The Encyclopedia of Aging* (3rd ed.). New York: Springer Publishing Company.
- Mezey, M. et al. (Eds.). (2001). *The Encyclopedia of Elder Care*. New York: Springer Publishing Company.
- Nelson, D. (1994). *Compassionate Touch Hands-On Caregiving for the Elderly, the Ill and the Dying*. Barrytown, NY: Station Hill Press.
- Rader, J., and Tornquist, E. (1995). *Individualized Dementia Care: Creative, Compassionate Approaches*. New York: Springer.
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Resources

Other Resources

(Videos and other useful teaching and clinically relevant materials)

American Psychiatric Nurses Association (videos and printed material)
Telephone: 202-367-1133
www.apna.org

Choice and Challenge: Caring for Aggressive Older Adults Across Levels of Care (videos and materials)

American Speech-Language-Hearing Association, Rockville, MD
Telephone: 301-498-2071
www.asha.org

Older Voices Kit: In-Service Training Program on Communication Needs of Older Persons

Brookdale Center on Aging, New York, NY
Telephone: 212-481-4426
www.brookdale.org

Stay Tuned: The Challenge of Hearing Loss (video)
Communication Disorders of the Older Adult: A Practical Handbook
Geriatric Communication Disorders
Communication and Caring Skills in Work with the Elderly

Case Western Reserve University, Cleveland, OH
Telephone: 216-368-2000
www.cwru.edu

Communicating with Persons with Alzheimer's Disease: The FOCUSED Program for Caregivers

Compassionate Touch (videos), Walnut Creek, CA
Telephone: 925-935-3906
www.journeyofhearts.org/compassionatetouch



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Resources

Health Professions Press
Telephone: 888-337-8808

The Validation Training Program (2001), Naomi Feil (videos and materials)

Insight Media, New York, NY
Telephone: 212-721-6316
www.insight-media.com

I Only Hear You When I See Your Face (video)
From the Patient's Point of View: The Business of Caring
Did You Get My Message?

League for the Hard of Hearing, New York, NY
Telephone: 212-741-3141
E-mail: lise@lhh.org
www.lhh.org

Unfair Hearing Test (audio tape)
I Only Hear You When I See Your Face (video)

Lighthouse National Center for Vision and Aging, New York, NY
Telephone: 800-334-5497
www/lighthouse.org

The World through Their Eyes (video)
Multiple Educational Resources (vision impairment glasses)

National Institute for Dispute Resolution, Washington, DC
Telephone: 202-466-4764
www.ncl.org/anr/partners/nidr.htm

Communication and Conflict Resolution Skills for Nursing Homes

New York Task Force on Immigrant Health, New York University, New York, NY
Telephone: 212-263-8783
www.med.nyu.com/NYTFIH

Videos: Geriatric Interviews (with interpreters)
Other materials about elderly immigrants and translation in health-care settings.

